		CLAIMS AS	i (Colur	mn 21		SMAL ニュハ TYPE: [_	QR	OTHER SMALL E				
TOTAL CLAIMS			(Column	' '				RATE	FEE	i I	RATE	FEE	
			<u> </u>			-D CVZCA		BASIC FEE	,		BASIC FEE	860	
FOR			NUMBER FILED		NUMBER EXTRA			DASIO I.E.C		OR		800	
то	TAL CHARGEA	BLE CLAIMS	7 min	us 20=	•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS / min								X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	,	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2		TOTAL		OR	TOTAL:	860	
CLAIMS AS AMENDED - PART II								OTHER THAN					
	O.	(Column 1)	(Column 2) (Column 3)				<u>L</u>	SMALL	ENTITY	OR	SMALLE	NTITY	
NTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. //	Minus	" ()	20	= .		X\$ 9=		OR	X\$18=		
MEN	Independent	• /	Minus	***	3	=	1	X40=		OR	X80≃		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
	•		•				1	TOTAL		OR	TOTAL ADDIT, FEE		
7	6/30/03 (Column 1) (Column 2) (Column 3)							ADDIT: FEE		} - ` `	AUUH, FECI		
ŀ	100100	(Column 1) CLAIMS			HEST	COMMITTE	Ίı		ADDI-	ı		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
MO	Total	- 7	Minus	** 2	20	= 0		X\$ 9=		OR	X\$18=		
Ĕ	Independent	- 1	Minus	***	3	= <i>0</i>		X40=		OR	X80=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]			ĺ	070		
								+135=		OR	+270=		
					•	•		TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
17	118/02	Column 1)		-(Colu	mn 2)	(Column 3					•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUX PREVI	HEST MBER IOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE -	ADDI- TIONAL FEE	
IOME	Total	• 5	Minus	:	20	= 0		X\$ 9=		OR	X\$18=		
MEN	Independent	•	Minus	***	3	= ()		X40=	-	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										 			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE										<u> </u>			
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

CLAIMS AS FIL PART I (Column 1)				/ SMAL_ ANTITY (Column 2) TYPE					OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	860
TOTAL CHARGEABLE CLAIMS 7			7 min	ius 20= • —				X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 =					•			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								405			.270-	
						olumn 2	li .	+135=		OR		062
* If the difference in column 1 is less than zero, enter "(5,011771 2		TOTAL		OR	OTHER	THAN
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (C					(Column 3))	SMALL	ENTITY	OR	SMALL		
NT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	EST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	AMENDMENT	Minus	: 0	20 /	4		X\$ 9=		OR	X\$18=	
MEN	Independent	\cdot	Minus	4+4	3	=		X40=		OR	X80=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=	
							TOTAL		l	TOTAL ADDIT FEE		
5/8/04(Column 1) (Column 2) (Column 3))	ADDIT: FEE		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total	. 5	Minus	**,	20	= 0		X\$ 9=		OR	X\$18=	
Z E E	Independent	•	Minus	***	3	= 0		X40=		OR	X80=	
lacksquare	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		ل	+135=		OR	+270=	
	•	•						TOTAL		ł	TOTAL	
ADDIT, FEE ADDIT, FEE												
NTC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUX PREVI	IMN 2) HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		or	X\$18=	
MEN	independent	•	Minus	•••		=	4	X40=		OR	X80=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		1	+270=	
.,	If the entry in colu	mn 1 is less than	the entry in colu	ımn 2, wri	te "0" in col	tumn 3.		+135=		OR	TOTAL	
**	If the "Highest Nu	mber Previously F	aid For IN THI	S SPACE	is less tha ie lese lha	n 20, enter 2: n 3. enter "3."		ADDIT. FEE		OR	ADDIT. FEE	
****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

